# FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMIS
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES, PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMI

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Filing Under (Check box(es) that apply):  Type of Filing:   New Filing  An	Rule 504  Rule 505  Rule 506  Section 4(6	DIAM THE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about	- HARON BEING WOOD TERM WOOD TRANK	
Name of Issuer ( check if this is an am FOODWORKS METRO LLC	endment and name has changed, and indicate change.)	07086314
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
101 W. CAMPBELL ST.	ARLINGTON HEIGHTS, ILLINOIS 60005	847-255-5050
Address of Principal Business Operations (if different from Executive Offices)	Telephone Number (Including Area Code)	
Brief Description of Business		
OWN AND OPERATE RESTAURANT		
Type of Business Organization		PARTEC
corporation  business trust	limited and amplify to be formed	olease specify):  ABILITY COMPANY  DEC 3 1 2007
Actual or Estimated Date of Incorporation or	Month Year Organization: 4 07 Actual Estir : (Enter two-letter U.S. Postal Service abbreviation for State	nated I TOWNSUM FINANCIAL

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

### Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ■ Beneficial Owner General and/or Check Box(es) that Apply: ✓ Promoter Executive Officer ☐ Director Ø Managing Partner Full Name (Last name first, if individual) **EDDIE NAHLAWI** Business or Residence Address (Number and Street, City, State, Zip Code) 101 W. CAMPBELL ST., ARLINGTON HEIGHTS, ILLINOIS 60006 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner General and/or Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer General and/or ☐ Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer General and/or Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or **Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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					11 .	11.		1			Yes	No
1. Has t	ne issuer so	oia, or aoes			sen, to non in Append				-	····	. 🗷	
2. What	is the mini	mum inves				•	•	-			. <b>s</b>	
2				00 20	oopied Hoil	i uny muni		•••••		•	Yes	No
3. Does	the offering	g permit joi	int owners	hip of a sir	ngle unit?	**************	***************************************		••••••			
comm If a pe or stat	ission or si rson to be l es, list the	milar remur isted is an a	neration for ssociated p broker or	r solicitatio person or a dealer. If n	on of purcha gent of a bro nore than fi	isers in con oker or dea ve (5) pers	nection wit ler register ons to be li	th sales of s ed with the sted are ass	ecurities in SEC and/o	ndirectly, any the offering or with a state rsons of such	5	
Full Name	(Last name	first, if in	dividual)	· · · · · · · · · · · · · · · · · · ·			.·					
Business o	r Residence	c Address (	Number a	nd Street, (	City, State,	Zip Code)					· - <del></del>	
Name of A	ssociated E	roker or D	caler							<del> </del>		
States in W	hich Perso	n Listed Ha	as Solicite	d or Intend	s to Solicit	Purchaser	s		··· - · · _ <del> · ·</del>	_		
(Checi	c "All State	s" or check	c individus	il States)	••••••		••••••	,,,,,		,	□ A	ll States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	lividual)		·							
Business o	r Residence	Address (	Number ar	id Street, C	City, State,	Zip Code)	·, <u></u>	<del></del>			<del></del>	<del></del>
Name of As	sociated B	roker or De	aler	· · · · · · · · · · · · · · · · · · ·								
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	individual	States)		••••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		☐ Al	1 States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	OK	HI MS OR WY	MO PA PR
ull Name (	Last name	first, if indi	ividual)			<del></del>						
Business or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Lip Code)	<del></del>			<u>.</u>		·····
lame of Ass	sociated Br	oker or Dea	aler									
tates in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers	·					
		or check i									☐ Ali	States
AL IL MT	AK IN NE ISC	AZ IA NV SD	AR KS NH TN	CA KY NJ	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	MN (	HI MS OR WY	MO PA

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \sum_{\text{and}} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:	
	Type of Security	Aggregate Offering Pri	
	Debt	s	s
	Equity		
	· ·	·	
	Convertible Securities (including warrants)	c	e
	Partnership Interests		
	Other (Specify MEMBERSHIP INTERESTS		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors	<del></del>	\$
	Total (for filings under Rule 504 only)	· · · · · · · · · · · · · · · · · · ·	s
	Answer also in Appendix, Column 4, if filing under ULOE.		
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		
	Regulation A		_ \$
	Rule 504		_ \$
	Total		\$_0.00
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[	<b></b>
	Printing and Engraving Costs	[	] <b>s</b>
	Legal Fees		\$ 5,000.00
	Accounting Fees	<u>-</u>	
	Engineering Fees	[	
	Sales Commissions (specify finders' fees separately)	-	
	Other Expenses (identify)	_	
	Total	_	s 5.000.00

	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C-proceeds to the issuer."		oss	795,000.00
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an estimate a of the payments listed must equal the adjusted gro	ınd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🗆 \$	_ 🗆 \$
	Purchase of real estate		🔲 \$	
	Purchase, rental or leasing and installation of mand equipment		🗆 \$	_ 🗆 \$
	Construction or leasing of plant buildings and fa	acilities	🗆 <b>s</b>	\$ 700,000.00
	Acquisition of other businesses (including the veoffering that may be used in exchange for the assissuer pursuant to a merger)	sets or securities of another	□ \$	. 🗆 \$
	Repayment of indebtedness		🗆 \$	
	Working capital	•••••	🗆 \$	<b>70,000.00</b>
	Other (specify): LEASE SECURITY DEPOSIT	<del>·</del>		\$ 25,000.00
	- · · · · · · · · · · · · · · · · · · ·			\$\$ 795,000.00
	Total Payments Listed (column totals added)		<b>–</b>	5,000.00
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sign the i	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnformation furnished by the issuer to any non-accer (Print or Type)	e undersigned duly authorized person. If this noti rnish to the U.S Securities and Exchange Comm credited investor pursuant to paragraph (b)(2) of	ce is filed under Rul ission, upon writter	te 505, the following request of its staff,
	DDWORKS METRO LLC	A WWW ~	NOVEMBER 7, 2	2007
	e of Signer (Print or Type) E NAHLAWI	Title of Signer (Print or Type) MANAGER		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is a D (17 CFR 239.500) at such times as required by state law.	fil <b>e</b> d a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	tion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied.		
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigned
Issuer (	Print or Type) Signature Date		<del></del>
FOODV	VORKS METRO LLC NOVEMBER 7,	2007	
Name (	Print or Type) Title (Print of Type)		<del></del>

MANAGER

#### Instruction:

**EDDIE NAHLAWI** 

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR				· · · · · · · · · · · · · · · · · · ·					
CA									
СО									
СТ									
DE		<u> </u>							
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1	to non- investo	ad to sell accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE attach ation of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									
NJ									
NM			, <u></u>						
NY									
NC									
ND									
ОН									
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OR									
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WA							<u> </u>	<u>                                 </u>	
WV									
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ł			_	1	i					
		•	Type of security	]						
1	Intend to sell and aggregate to non-accredited offering price				<b>5</b> 5:					
1		rs in State	offering price offered in state		Type of investor and				explanation of	
ļ.		3-Item 1)	(Part C-Item 1)		amount purchased in State (Part C-Item 2)				waiver granted) (Part E-Item 1)	
,	(Fail E		(Fait C-Item 1)		(Fail			(rait E	-1(c1)1 1 <i>)</i>	
				Number of		Number of			!	
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
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				<del>-</del>						
PR				<u></u>	j				L	

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